

CHANGE OF NAME OR ADDRESS REQUEST

Customer's Port # _____

Date of Request _____ SSN/TIN _____

Present Information NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
EMAIL _____
DATE OF BIRTH _____

New Information NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
EMAIL _____
DATE OF BIRTH _____

Change Information on All Accounts on Port? YES [] NO []

Account Numbers Affected:

Checking _____	Safe Deposit Box _____
IRA _____	Loans _____
Savings _____	Other _____
CD _____	Other _____
Debit /ATM Card _____	Other _____

- Customer Verification:** [] Photo ID or Legal Proof of Name Change Presented
[] Security Question(s) Verified per Operating Procedure
[] Customer Known by Employee
[] Call-back Procedures Performed
(*required* for phone or internet / mail requests)

Customer Signature: _____ Date _____

Employee Taking Request: _____	Date _____
Account Warnings Checked: _____	Handling Code _____
Ownership / Authority to Request Change Reviewed: _____	
Change Made by: _____	Date _____
Deposit Operations Use:	
Info. Verified By: _____	Date _____